MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08850

Reg. Dist. No. 62

1. PLACE OF DEATH:
County: Caroline
City or town: near Denton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State ____ County ____
City or town ____ Ward No. ____
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ____
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ____

3. (a) FULL NAME Frederick Baggs

3. (b) Social Security Number

4. Sex: m.
5. Color or race: w
6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband ~~or wife~~: Mrs Susan Booker Baggs
6 (c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): Dec. 28th 1869

8. AGE: Years 68 | Months 8 | Days 18 | If less than one day ____ hrs. ____ min.

9. Birthplace: Greensboro. Md.
(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER
12. Name: Andrew Baggs
13. Birthplace: Maryland

MOTHER
14. Maiden name: Susan Kirby
15. Birthplace: Maryland.

16. Informant: Mrs Willis
Address: R.D. Denton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9.19.39 (month) (day) (year)
Cemetery or ~~crematory~~: Greensboro
Location: Greensboro Md.

18. Funeral director: J. Virgil Moore & Son
Address

19. Sept 19 1939 (Date rec'd by registrar) Mrs D O George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 17 1939, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 17 1939, to Sept 17 1939, and that I last saw him alive on Sept 17 1939.

Immediate cause of death: Chronic Valvular Disease & Heart Paralysis Lap'sed 2

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Denton Md Date signed 9/1/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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STATE OF MARYLAND—CERTIFICATE OF DEATH

08851

1. PLACE OF DEATH (95-E)

County Caroline Registration Dist. No. 60

Village or City Goldsboro No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hinson Cane If U. S. Veteran, specify WAR

(a) Residence: No. Goldsboro St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie Cane

6. DATE OF BIRTH (month, day, and year): Jan. 1. ~~1939~~ 1864

7. AGE: Years 75, Months 8, Days 15, If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Laboror

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: *

10. Date deceased last worked at this occupation (month and year): Jan. 1. 1939

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Delaware

FATHER

13. NAME: Philip Cane

14. BIRTHPLACE (city or town) (State or country): Delaware

MOTHER

15. MAIDEN NAME: Louisa Melvin

16. BIRTHPLACE (city or town) (State or country): Delaware

17. INFORMANT (Address): Minnie Cane Goldsboro. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Olive Cem. Date: Sept. 18, 1939

19. UNDERTAKER (Address): Raymond. B. Rawlings Greensboro. Md.

20. FILED: A C Smith 9-18-39 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 9 (Month) 15 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from 9/19-38, 19 to 9/16, 1939
I last saw him alive on 9/16, 1939; death is said to have occurred on the date stated above, at 2 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cardio-Renal Degeneration	1 yr

Other Contributary Causes of Importance:

Cerebral Hemorrhage

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. D. Sevy M. D.

(Address) Goldsboro Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastrocnteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08852

Reg. Dist. No. 66

1. PLACE OF DEATH:
County: Caroline
City or town: Ridgely Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Ridgely Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME: William Franklin Cannon

3. (b) Social Security Number

4. Sex: m.
5. Color or race: w.
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Gertrude Turner Cannon
6(c) If alive, give age: 60 years
7. Birth date of deceased (mo., day, yr.): June 25th 1874

8. AGE: Years: 65 Months: 2 Days: 30 If less than one day: hrs. min.

9. Birthplace: Hillsboro, Maryland (Town, county, and state)
10. Usual occupation: Ridgely Farmer
11. Industry or business
FATHER
12. Name: William Cannon
13. Birthplace: Del
MOTHER
14. Maiden name: Sarah Waterfield
15. Birthplace: Del
16. Informant: Mrs. William Cannon
Address: Ridgely Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9-26-39 (month) (day) (year)
Cemetery or ~~crematory~~: Denton Cemetery
Location: Denton Md.
18. Funeral director: J. Virgil Moore & Son
Address: Denton Md.
19. Sept 26 1939 (Date rec'd by registrar) J. W. Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 24 1939, at 4 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 14, 1939, to Sept 24 1939, and that I last saw him alive on Sept 23 1939.

Immediate cause of death: Diabetes Mellitus — DURATION: 01
Due to
Due to
Other conditions: Secondary Anemia
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Charles H. Stoneschuff M.D. M.D. or other
Address: Greensboro Md. Date signed: Sept. 25, 39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131) Reg. Dist. No. 64

CERTIFICATE OF DEATH

08853

1. PLACE OF DEATH:
(a) County Caroline
(b) City or town Federalsburg Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: R.F.D.
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in this community (yrs., mos., or days) 19 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Caroline
(c) City or town Federalsburg- Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Lee P. Connor

3 (b) If veteran, name war: World War
3 (c) Social Security No.: None

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife: None
6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) August 16, 1888

8. AGE: Years 51 | Months 1 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Near Alonta, Del.
(Town, county, and state)
10. Usual occupation barber (retired)
11. Industry or business " shop

FATHER
12. Name Robert Connor
13. Birthplace Delaware

MOTHER
14. Maiden Name Anna Connor
15. Birthplace Delaware

16 (a) Informant Benjamin Connor
(b) Address Federalsburg, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/39 (month) (day) (year)
(c) Cemetery or crematory Federal Hill Cemetary
Location Federalsburg, Md.

18 (a) Funeral director C. W. Dodson
(b) Address Federalsburg, Md.

19 (a) Sept. 19 1939 (Date rec'd by registrar) (b) J. J. Hampton Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 16 1939 at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1938 to Sept 16 1939
and that I last saw him alive on Sept 16 1939

Immediate cause of death	Duration
Cardio-vascular renal disease	2 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank M. Anderson M.D.
M. D. or other
Address Federalsburg Md. Date signed 9/18/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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08854

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

82-a

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline

City or town Denton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Margret Dolson.

3. (b) Social Security Number

4. Sex F

5. Color or race w

6. (a) Single, married, widowed, or divorced widow

6 (b) Name of husband or ~~wife~~ George Dolson

— 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 1st 1857

8. AGE: Years 81 Months 11 Days 20 If less than one day hrs. min.

9. Birthplace New York State
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Orlander Dryer.
13. Birthplace N.Y.

MOTHER
14. Maiden name Margret Adrianne
15. Birthplace New York City

16. Informant Mrs Stevens

Address Denton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 21st 39 (month) (day) (year)

Cemetery or crematory Newark N.J.

Location

18. Funeral director J. Virgil Moore & Son

Address Denton Md.

19. 9/20 1939 Mrs D O Henge
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18 1939, at 10:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 11 1939, to Sept 18 1939, and that I last saw her alive on Sept. 18 1939.

Immediate cause of death	DURATION
Cerebral hemorrhage	2 hrs.
Due to arteriosclerosis	6 yr ±
Due to Hypertension	6 yr ±
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. Paul Knotts M.D.
M.D. or other

Address Denton Md Date signed Sept 19-1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93a)

08855

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town near Denton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Amanda Griffith

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25th 1858

8. AGE: Years	Months	Days	If less than one day
81		10	hrs. min.

9. Birthplace Concord Md.

(Town, county, and state)

10. Usual occupation at Home

11. Industry or business

FATHER 12. Name Aron Griffith

FATHER 13. Birthplace Concord Md.

MOTHER 14. Maiden name Amanda Johnson

MOTHER 15. Birthplace Concord Md.

16. Informant Mrs Walter Beauchamp

Address Denton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 18th 39 (month) (day) (year)

Cemetery or crematory Concord Cemetery

Location Concord Md.

18. Funeral director J. Virgil Brown & Son

Address Denton Md.

19 Sept. 16 1939 (Date rec'd by registrar) Mr. DO George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15 1939, at 11 15 R M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 14 1939, to Sept 15 1939, and that I last saw h-- alive on Sept 15 1939.

Immediate cause of death	DURATION
Acute Myocarditis	2 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Aaron D. George M. D. or other

Address Denton Md. Date signed 9/18/39

RECEIVED
OCT 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08856

(131)

1. PLACE OF DEATH

County Caroline Registration Dist. No. 61

Village or City Greensboro No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie Griffith If U. S. Veteran, specify WAR

(a) Residence: No. Greensboro. Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Femail	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Luther Griffith

6. DATE OF BIRTH (month, day, and year) Dwc, 20. 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	92	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Ja. 1. 1938

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Spence

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Ross Simons (Address) Ridgely. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Greensboro. Md. Date Sept, 22, 39

19. UNDERTAKER Raymond B. Rawlings (Address) Greensboro. Md.

20. FILED Sept. 22, 1939 L. Mae Pippin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 19 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Aug 23, 1939, to Sept 19, 1939

I last saw her alive on Sept. 19, 1939; death is said to have occurred on the date stated above, at 9 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cardio-Vascular Renal Disease

Date of onset

Other Contributory Causes of Importance:

Hubercitto Cholecystitis

Name of operation None Date of

Whet test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles H. Pomeroy M. D.

(Address) Greensboro Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08857

CERTIFICATE OF DEATH

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town Federalsburg - Rural (Mission)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 53 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg - Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Mission
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles Wesley Hammond

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Rachael Hammond

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 3, 1886

8. AGE:

Years	Months	Days	If less than one day
53	6	24	hrs. min.

9. Birthplace Caroline County, Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own Farm

FATHER
12. Name William Hammond
13. Birthplace Caroline County, Maryland

MOTHER
14. Maiden name Sarah Hubbard
15. Birthplace Caroline County, Maryland

16. Informant Marie B. Hammond
Address Philadelphia, Penna.

17. Burial Date thereof Oct. 1, 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Federalsburg Colored Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Frampton & Son

Address Federalsburg, Maryland

19. Sept. 30 1939 J. J. Frampton
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 27 1939, at 10:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1, 1939 to Sept. 27, 1939 and that I last saw h[im] alive on Sept 27 1939

Immediate cause of death	DURATION
Cerebral Hemorrhage	4 days.
Due to Hypertension	1 yr.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. L. Small M. D. or other

Address Denton Md. Date signed 9-30-39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

08858

1. PLACE OF DEATH

County Caroline (159) Registration Dist. No. 66

Village or City Ridgely No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Holt If U. S. Veteran, specify WAR .....

(a) Residence: No. Delmar, Del. St. Ward. ..... ✓

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year): Sept 19 1939

7. AGE: Years 0 | Months 0 | Days 0 | If LESS than 1 day, 1 hrs. or 37 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 0

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 0

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country): Ridgely Md Caroline Co Md

FATHER

13. NAME: Robert Weston Holt

14. BIRTHPLACE (city or town) (State or country): Still Pond Md

MOTHER

15. MAIDEN NAME: Mary Augusta Boxter

16. BIRTHPLACE (city or town) (State or country): Barclay Q.A. Co Md

17. INFORMANT (Address): Mary A. Holt Delmar Dela

18. BURIAL, CREMATION, OR REMOVAL

Place Longwoods Md Date Sept 20, 1939

19. UNDERTAKER (Address): Robt. W. Holt (Acting) Delmar, Del.

20. FILED Sept 19, 1939 J. D. Davis. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 19, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1939, to Sept 19, 1939

I last saw her alive on Sept 19, 1939; death is said to have occurred on the date stated above, at 9:45 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Prematurity 3 mos	

Other Contributory Causes of Importance:

unknown

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) J. Sufia M. D.

(Address) Ridgely Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1928*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (51-C)

CERTIFICATE OF DEATH

08859

Reg. Dist. No. 66

1. PLACE OF DEATH:
County Caroline
~~City~~ or town Hillsboro End
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) about 7 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Hillsboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Torin Lowe

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male.	W.	widower

6 (b) Name of ~~husband~~ or wife Alice V Lowe Dec'd.
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22nd 1867

8. AGE:

Years	Months	Days	If less than one day
72	0	0	hrs. min.

8. Birthplace Greenwood Dela ~~Maryland~~
(Town, county, and state)
10. Usual occupation (Carpenter) Laborer Retired
11. Industry or business Telephone Co
FATHER 12. Name Julius Lowe
13. Birthplace Maryland
MOTHER 14. Maiden name Elizabeth
15. Birthplace Delaware
16. Informant Torin Lowe
Address Deceased Hillsboro Md
17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory Greenmount Cemetery
Location Hillsboro End
18. Funeral director J. Virgil Adams
Address Denton
19. Sept 24 1939 J D Davis
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 22 1939, at 4:5~~4~~ PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 1939, to Sept 22 1939
and that I last saw him alive on Sept 22 1939

Immediate cause of death	DURATION
Prostatic Hypertrophy	4 years
Carcinoma of Prostate	11 yrs
Due to metastatic	
(a) Carcinoma Stomach	3 mos
Due to (b) Carcinoma of Lung	3 mos
neoplastic dis.	4 mos
Other conditions Myocarditis	

(Include pregnancy within 3 months of death)
Major findings:
Of operations Prostatic hypertrophy
Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Virgil Adams M. D.
M. D. or other
Address Ridgely Md Date signed 9-24-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Please send this over
to Doris

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93-a)

08860

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Caroline

City or town Denton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Caroline

City or town Denton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Minnie Lloyd Pastorfield

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 72 | Months - | Days - | If less than one day hrs. min.

9. Birthplace Trappe Talbot Md (Town, county, and state)

10. Usual occupation retired merchant

11. Industry or business

FATHER 12. Name Wm H H Pastorfield

13. Birthplace Talbot Co

MOTHER 14. Maiden name Caroline Lloyd

15. Birthplace Talbot

16. Informant Mrs Margaret Evangran

Address Denton

17. Spring Hill (Burial, cremation, or removal. Which?) Date thereof Sept 30 1939 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton Md

18. Funeral director Marvin E Hennessee

Address Easton Md

19. 9/28 1939 Mrs D.O. George

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 28 1939, at 6 45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 28 1939 to Sept 28 1939, and that I last saw her alive on Sept 28 1939.

Immediate cause of death	DURATION
Acute Myocarditis	Sudden
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dawson D George M.D. or other

Address Denton Md Date signed 9/28/39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08861

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline

City or town Federalsburg
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 115 Maple Avenue

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 80 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 115 Maple Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Winona Redhead

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

B (b) Name of husband or wife James O. Redhead

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 8, 1859

8. AGE:

Years	Months	Days	If less than one day
80	5	15	____ hrs. ____ min.

9. Birthplace Caroline County, Maryland
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own home

FATHER
12. Name Marden P. Hutchinson
13. Birthplace Dorchester County, Md.

MOTHER
14. Maiden name Sarah McNash
15. Birthplace Caroline County, Maryland

16. Informant Ernest Redhead
Address Federalsburg, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 25 1939 (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Frampton & Son

Address Federalsburg, Maryland

19 Sept. 25 1939 J. J. Frampton
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 23 1939, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/2 1939, to 9/23 1939, and that I last saw h alive on 9/23 1939.

Immediate cause of death	DURATION
Acute Cardiac Dilatation	9/23/39
Due to Chronic Myocarditis	8/2/39
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. K. Kuntz M.D.
M. D. or other

Address Federalsburg Date signed 9/25/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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08862

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(182)

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline

City or town Federalsburg - Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 months, 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg - Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Hickory Hill Section
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Elsworth Zora Ricketts

3. (b) Social Security Number —

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 30, 1939

8. AGE: Years | Months 2 | Days 6 | If less than one day ____ hrs. ____ min.

9. Birthplace Caroline County, Maryland
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Zora Elsworth Ricketts
13. Birthplace Caroline County, Maryland

MOTHER
14. Maiden name Evelyn Beulah
15. Birthplace Caroline County, Maryland

16. Informant Mrs. Evelyn Ricketts
Address Federalsburg, Maryland, R.F.D.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof September 7, 1939 (month) (day) (year)

Cemetery or crematory Federalsburg Colored Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Frampton & Son
Address Federalsburg, Maryland

19. Sept 6 1939 (Date rec'd by registrar) J. J. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 6 1939, at 2 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 6 1939 to Sept 6 1939, and that I last saw him alive on Sept 6 1939

Immediate cause of death Unknown

Death possibly due to smothering by bed clothes (accidental)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank M. Anderson M.D.
M. D. or other

Address Federalsburg, Md. Date signed 9/6/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(97)

08863

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Denton Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State ____ County ____

City or town ____ Ward No. ____

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ____

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ____

3. (a) FULL NAME: William Alexander Stewart

3. (b) Social Security Number

4. Sex: m

5. Color or race: w

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband~~ or wife: Mrs Katherine Stewart

6(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.): May. 12th 1850

8. AGE: Years 89 | Months 4 | Days 11 | If less than one day ____ hrs. ____ min.

9. Birthplace: Denton Maryland (Town, county, and state)

10. Usual occupation: Merchant.

11. Industry or business

FATHER

12. Name: Alexander Stewart

13. Birthplace: Denton. Md.

MOTHER

14. Maiden name: Sarah Ann Gill

15. Birthplace: Denton. Md.

16. Informant: Mrs Katherine Stewart (wife)

Address: Denton. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9-25-39 (month) (day) (year)

Cemetery or crematory: Denton Cemetery

Location: Denton Md.

18. Funeral director: J. Vezel Moore & Son

Address: Denton Md.

19. 9/25/39 (Date rec'd by registrar) 19 Mrs D O George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 22 1939, at 7 29 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1 1939, to Sept 22 1939, and that I last saw him alive on Sept. 22 1939.

Immediate cause of death: Natural Causes

Primary cause: Arteriosclerosis

Due to: Duration: ten years. C.W.G.R.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Marjorie N Mitchell M. D. or other

Address: Denton Md Date signed 9/23/39

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OCT 4 1939
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